NEW YORK STATE DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

INCARCERATED INDIVIDUAL DISPOSITION NOTICE

FACILITY MEDIA REVIEW COMMITTEE _____ CORRECTIONAL FACILITY DATE OF NOTICE: _____ INCARCERATED INDIVIDUAL NAME NUMBER **CELL LOCATION** The publication _____ (Title) (Author, Date of Volume & Number) has been reviewed by the Facility Media Review Committee and the following portions: (Pages, Articles, or Location of Offensive Portions) have been found unacceptable for the following reasons: (Guideline Number and Reason) Do you wish to appeal this disposition? ☐ Yes. Appeal to the Central Office Media Review Committee by checking this box and sending this form and (if you desire) a letter in support of your appeal to the Facility Media Review Committee (FMRC). ☐ No. Choose only one of the following disposal options: Receive the publication with the objectionable portions blotted or cut out. This option is available only if the objectionable portion is eight pages or less, or is a single chapter, article, or section of any length. Have the publication sent to a person of your choice, not another incarcerated individual or a Department of Corrections and Community Supervision official, at your expense. Send to (include name and address): Have the publication destroyed. If the FMRC receives notice that the publication has been approved based upon an appeal by the sender, you will receive it.

Note: If you choose not to appeal, the publication will be held, as is, for at least 30 days from the date of this notice to allow time for the sender to submit an appeal if any. If the sender submits an appeal, the publication will be held, as is, pending the COMRC appeal determination. For the purposes of this notice, the term "sender" shall refer to the person or entity that sent you the publication, if known, and if that person or entity is unknown, then the term "sender" refers to the publisher, if known.

If you do not make a choice and the sender does not submit a timely appeal, disposal of your material will be at the discretion of the Superintendent or designee.

Incarcerated Individual Signature	Date